

# **LOUISIANA STATE BOARD OF MEDICAL EXAMINERS**

Renewals: 504/568-6820 (Auto Attendant) + 1

Main Number: 504/568-6820



## **Physicians, Osteopaths, Institutional & Acupuncturists Application/Renewal Packet**

(Rev.011105)

*Visit the LSBME Website at*

[www.lsbme.louisiana.gov](http://www.lsbme.louisiana.gov)

**Louisiana State Board of Medical Examiners-New Orleans, Louisiana**

Application Processing Address:

LSBME, P.O. Box 54403, New Orleans, LA 70154-4403

Physical Address: LSBME, 630 Camp Street, New Orleans, LA 70130

General Correspondence Mailing Address: LSBME, P.O. Box 30250, New Orleans, LA 70190-0250

# Quick and Easy Access to the LSBME



## **LSBME WEBSITE**

[www.lsbme.louisiana.gov](http://www.lsbme.louisiana.gov)

- Download Standard Application Forms, Instructions and Publications
- Frequently Asked Questions
- Send Comments or Request Assistance
- Auto response to request status of license, permit, certification and/or registration.
- Verify license, permit, certification and/or registration: [lsbmever@lsbme.louisiana.gov](mailto:lsbmever@lsbme.louisiana.gov)
- Remit Fees



## **MAIL/WALK-IN DELIVERY**

LSBME  
P.O. Box 54403  
New Orleans, LA 70154-4403

Delays in processing may occur with deliveries by private courier and/or where applications are sent to any other addresses. The LSBME will also provide a written receipt to those applicants who hand deliver an application.



## **PHONE/E-MAIL**

### **Renewals:**

504/568-6820 (Auto Attendant) + 1:

- Betty Holmes, Supervisor-  
[bholmes@lsbme.louisiana.gov](mailto:bholmes@lsbme.louisiana.gov)
- Camela Stimage, Analyst –  
[cstimage@lsbme.louisiana.gov](mailto:cstimage@lsbme.louisiana.gov)
- Suntanion Hull, Analyst –  
[shull@lsbme.louisiana.gov](mailto:shull@lsbme.louisiana.gov)
- Cindy Barnes, Analyst-  
[cbarnes@lsbme.louisiana.gov](mailto:cbarnes@lsbme.louisiana.gov)

### **Continuing Education:**

504/568-6820 (Auto Attendant) + 2:

- Peter Zengel, CEU Analyst –  
[pzengel@lsbme.louisiana.gov](mailto:pzengel@lsbme.louisiana.gov)
- Tom Wallis, CME Analyst-  
[twallis@lsbme.louisiana.gov](mailto:twallis@lsbme.louisiana.gov)

Employees make every effort to respond to email correspondence on the workday the email is received.



## **OFFICE HOURS**

8:30 a.m.– 4:30 p.m. CST,  
Monday through Friday.

Best Availability: 8:30a.m. - 3:00p.m. CST

Applicants should refer to the LSBME website for information regarding availability of staff, methods of contacting staff, public holidays and special closings of the office.



## **BOARD CONTACTS**

- Main Phone (504) 568-6820
- Renewals Ext 490
- Investigations & Enforcement Ext 264
- Licensure Ext 290
- Executive Ext 242



## **PROCESSING TIME**

**Do not** wait to submit your renewal application. Particular attention should be given to license, permit, certification and/or registration with a due date of October through January. At those times, the LSBME experiences high volume workloads and delays are expected. Allow 30 days for processing. The LSBME verification service at [www.lsbme.louisiana.gov](http://www.lsbme.louisiana.gov) is the **quickest** way to determine the status of your renewal. Applicants may refer to the date of deposit of fees to establish the commencement of the processing timeline. Applicants who need proof of the date the LSBME begins processing the application, should use the information from the canceled check.

This public document was downloaded from the LSBME website at [www.lsbme.louisiana.gov](http://www.lsbme.louisiana.gov)

# Code Descriptions

## SPECIALTY CODES

<b>ADL</b>	Adolescent Medicine
<b>AM</b>	Aerospace Medicine
<b>A</b>	Allergy
<b>AI</b>	Allergy and Immunology
<b>AN</b>	Anesthesiology
<b>BE</b>	Broncho-Esophagology
<b>BLB</b>	Blood Banking
<b>CD</b>	Cardiovascular Diseases
<b>CCM</b>	Critical Care Medicine
<b>D</b>	Dermatology
<b>DMP</b>	Dermatopathology
<b>DIA</b>	Diabetics
<b>EM</b>	Emergency Medicine
<b>END</b>	Endocrinology
<b>REN</b>	Endocrinology, Reproductive
<b>FP</b>	Family Practice
<b>GE</b>	Gastroenterology
<b>GP</b>	General Practice
<b>GPM</b>	General Preventive Medicine
<b>GER</b>	Geriatrics
<b>GO</b>	Gynecological Oncology
<b>GYN</b>	Gynecology
<b>HEM</b>	Hematology
<b>HYP</b>	Hypnosis
<b>IG</b>	Immunology
<b>DLI</b>	Immunology, Diagnostic Lab
<b>IP</b>	Immunopathology
<b>ID</b>	Infectious Diseases
<b>IM</b>	Internal Medicine
<b>LAE</b>	Laryngology
<b>LM</b>	Legal Medicine
<b>MFM</b>	Maternal and Fetal Medicine

<b>MFS</b>	Maxillofacial Surgery
<b>MM</b>	Medical Microbiology
<b>NPM</b>	Neonatal-Perinatal Medicine
<b>ND</b>	Neoplastic Diseases
<b>NEP</b>	Nephrology
<b>N</b>	Neurology
<b>CHN</b>	Neurology, Child
<b>NA</b>	Neuropathology
<b>NM</b>	Nuclear Medicine
<b>NR</b>	Nuclear Radiology
<b>NTR</b>	Nutrition
<b>OBS</b>	Obstetrics
<b>OBG</b>	Obstetrics-Gynecology
<b>OM</b>	Occupational Medicine
<b>ON</b>	Oncology
<b>RO</b>	Oncology, Radiation
<b>OPH</b>	Ophthalmology
<b>OT</b>	Otology
<b>OTO</b>	Otorhinolaryngology
<b>PTH</b>	Pathology
<b>ATP</b>	Pathology, Anatomic
<b>CMP</b>	Pathology, Chemical
<b>CLP</b>	Pathology, Clinical
<b>FOP</b>	Pathology, Forensic
<b>PD</b>	Pediatrics
<b>PDA</b>	Pediatrics, Allergy
<b>PDC</b>	Pediatrics, Cardiology
<b>PDE</b>	Pediatrics, Endocrinology
<b>PHO</b>	Pediatrics, Hematology-Oncology
<b>PNP</b>	Pediatrics, Nephrology
<b>PDP</b>	Pediatrics, Pulmonology
<b>PA</b>	Pharmacology

<b>PM</b>	Physical Medicine and Rehabilitation
<b>P</b>	Psychiatry
<b>CHP</b>	Psychiatry, Child
<b>PYA</b>	Psychoanalysis
<b>PYM</b>	Psychosomatic Medicine
<b>PH</b>	Public Health
<b>PUD</b>	Pulmonary Diseases
<b>R</b>	Radiology
<b>RIP</b>	Radioisotopic Pathology
<b>DR</b>	Radiology, Diagnostic
<b>PDR</b>	Radiology, Pediatric
<b>TR</b>	Radiology, Therapeutic
<b>RHU</b>	Rheumatology
<b>RHI</b>	Rhinology
<b>AS</b>	Surgery, Abdominal
<b>CDS</b>	Surgery, Cardiovascular
<b>CRS</b>	Surgery, Colon and Rectal
<b>FPS</b>	Surgery, Facial Plastic, Oto.
<b>GS</b>	Surgery, General
<b>HS</b>	Surgery, Hand
<b>HNS</b>	Surgery, Head and Neck
<b>NS</b>	Surgery, Neurological
<b>ORS</b>	Surgery, Orthopedic
<b>PDS</b>	Surgery, Pediatric
<b>PS</b>	Surgery, Plastic
<b>TS</b>	Surgery, Thoracic
<b>TRS</b>	Surgery, Traumatic
<b>U</b>	Surgery, Urological
<b>VS</b>	Surgery, Vascular
<b>OS</b>	Other
<b>US</b>	Unspecified

## CATEGORIES

<b>ACU</b>	Acupuncture Assistants
<b>ACU</b>	Acupuncture
<b>ATH</b>	Athletic Trainers
<b>CEP</b>	Clinical Exercise Physiologist
<b>EMI</b>	EMT-Intermediate
<b>EMP</b>	EMT-Paramedic
<b>INS</b>	Institutional Temporary Permit
<b>M/S</b>	Medicine and Surgery
<b>MDW</b>	Midwife

<b>MWA</b>	Midwife Apprentice
<b>MWS</b>	Midwife Senior Apprentice
<b>OTT</b>	Occupational Therapist
<b>OTA</b>	Occupational Therapy Assistant
<b>OOO</b>	Osteopathy (after 06/01/1971)
<b>OST</b>	Osteopathy (prior to 06/01/1971)
<b>PAA</b>	Physician Assistant Class 1
<b>PAB</b>	Physician Assistant Class 2
<b>PAT</b>	PA Permit awaiting exam scores

<b>POD</b>	Podiatry
<b>XRA</b>	Radiological Technologist
<b>RRT</b>	Registered Respiratory Therapist
<b>RTH</b>	Respiratory Therapist
<b>RTT</b>	Respiratory Therapy Technician
<b>RTP</b>	Respiratory 12 Month Temporary
<b>RT2</b>	Respiratory 2 Year Temporary
<b>STP</b>	Special Temporary Permit awaiting SPEX
<b>T/R</b>	Teaching/Research Temporary Permit

## AMERICAN SPECIALITY BOARD

### CERTIFICATION

<b>03</b>	Allergy and Immunology
<b>04</b>	Anesthesiology
<b>10</b>	Colon and Rectal
<b>15</b>	Dermatology
<b>16</b>	Emergency Medicine
<b>17</b>	Family Practice
<b>20</b>	Internal Medicine

<b>25</b>	Neurological Surgery
<b>28</b>	Nuclear Medicine
<b>30</b>	Obstetrics and Gynecology
<b>35</b>	Ophthalmology
<b>40</b>	Orthopedic Surgery
<b>45</b>	Otolaryngology
<b>50</b>	Pathology
<b>55</b>	Pediatrics

<b>60</b>	Physical Medicine and Rehabilitation
<b>65</b>	Plastic Surgery
<b>70</b>	Preventive Medicine
<b>75</b>	Psychiatry and Neurology
<b>80</b>	Radiology
<b>85</b>	Surgery
<b>90</b>	Thoracic Surgery
<b>95</b>	Urology

## TYPE OF PRACTICE CODES

<b>011</b>	Resident – First year
<b>012</b>	Resident – All Other Years
<b>014</b>	Clinical Fellow
<b>015</b>	Research Fellow
<b>020</b>	Direct Patient Care

<b>030</b>	Administration
<b>040</b>	Medical Teaching
<b>050</b>	Medical Research
<b>061</b>	Other Patient Care
<b>062</b>	Other Non-Patient Care
<b>070</b>	Inactive

<b>071</b>	Retired
<b>072</b>	Semi-retired
<b>073</b>	Permanently Disabled
<b>074</b>	Temporarily not in practice
<b>075</b>	Not active for other reasons
<b>100</b>	No Classification

# LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

Please forward application and fee to LSBME, P. O. Box 54403, New Orleans, LA 70154-4403

Telephone 504/568-6820 Extension 260

## Application for Reduction in Renewal Fee for Physicians

Certain physicians who are 70 years of age or older or who have withdrawn from the practice of medicine because of disability may be eligible and qualified for a reduction in the licensure renewal fee under the following conditions:

- ☐ Meet the requirements of paragraph A or B of LAC 46:XLV, Subpart 2, Chapter 3, Subchapter I, Section 418, as provided herein below.
- ☐ Complete the Renewal Form.
- ☐ Pay a renewal fee of one hundred fifty dollars (\$150.00).
- ☐ Complete the Application for Reduction in Renewal Fee before a Notary Public.
- ☐ Return the *completed* Renewal Form, *notarized* Application for Reduction in Renewal Fee and one hundred fifty dollars (\$150.00) to

**LSBME, P. O. Box 54403, New Orleans, LA 70154-4403.**

NOTE: A physician who has already forwarded the Renewal Form and the three hundred and thirty-two dollar (\$332.00) renewal fee to the Board, may apply for the reduction by completing the bottom portion of this Application for Reduction in Renewal Fee before a Notary Public and return the form to the Louisiana State Board of Medical Examiners, P. O. Box 30250, New Orleans, LA 70190-0250. Reimbursement will be made to the physician if the application is approved.

Questions regarding this form may be directed to: Renewals, Licensure Office, Louisiana State Board of Medical Examiners, 630 Camp Street, P.O. Box 30250, New Orleans, LA, 70190-0250, Phone: 504/568-6820, Ext. 248 or email Betty Holmes, Supervisor, [bholmes@lsbme.louisiana.gov](mailto:bholmes@lsbme.louisiana.gov), Camela Stimage, Analyst, [cstimage@lsbme.louisiana.gov](mailto:cstimage@lsbme.louisiana.gov), Sontanion Hull, Analyst, [shull@lsbme.louisiana.gov](mailto:shull@lsbme.louisiana.gov), or Cindy Barnes, Analyst, [cbarnes@lsbme.louisiana.gov](mailto:cbarnes@lsbme.louisiana.gov).

LAC 46:XLV, Subpart 2, Chapter, 3, Subchapter I, Section 418 provides:

- A. The fee otherwise required for annual renewal of licensure will be reduced by one-half in favor of a physician who holds an unrestricted license to practice medicine issued by the board and who has, prior to the first day of the year for which such renewal will be effective:
1. attained the age of 70 years;
  2. voluntarily surrendered to the issuing authorities his or her state license and federal registration to prescribe, dispense or administer controlled substances; and
  3. made application to the board for such reduced licensure renewal fee, upon a form supplied by the board, verifying the conditions requisite to such reduced fee and consenting to revocation of any license renewed pursuant to this section upon a finding by the board that the licensee, following issuance of licensure renewal pursuant to this section, continued to hold, obtained or sought to obtain state licensure or federal registration to prescribe, dispense or administer controlled substances.
- B. The fee otherwise required for annual renewal of licensure will be reduced by one-half in favor of a physician who holds an unrestricted license to practice medicine issued by the board and who has, prior to the first day of the year for which such renewal will be effective:
1. ceased to engage in the practice of medicine in any form in this state as a consequence of physical or mental disability;
  2. voluntarily surrendered to the issuing authorities his or her state license and federal registration to prescribe, dispense, or administer controlled substances; and
  3. made application to the board for such reduced licensure renewal fee, upon a form supplied by the board, verifying the conditions requisite to such reduced fee, including independent physician verification of the applicant's physical or mental disability, and consenting to revocation of any license renewed pursuant to this section upon a finding by the board that the licensee, following issuance of licensure renewal pursuant to this section, engaged or sought to engage in any manner in the practice of medicine in this state or continued to hold, obtained, or sought to obtain state licensure or federal registration to prescribe, dispense, or administer controlled substances.
- C. A physician whose medical license is renewed pursuant to this section shall not thereafter engage or seek to engage in the active practice of medicine in this state or to prescribe, dispense, or administer controlled substances or other prescription medications except upon prior application to and approval by the board, which, in its discretion, as a condition to reinstatement of full licensure, may require that:
1. the physician take and successfully pass all or a designated portion of the FLEX or SPEX examination; and/or
  2. physician provide medical documentation satisfactory to the board that the physician is then physically and mentally capable of practicing medicine with reasonable skill and safety to patients.

### CERTIFICATION

\_\_\_\_\_ This is to certify that I meet the requirements for reduced fees under paragraph A of section 418.

\_\_\_\_\_ This is to certify that I meet the requirements for reduced fees under paragraph B of section 418. Verification of my physical/mental disability from my attending physician is attached. \_\_\_\_\_ This is to certify that I have attached a copy of the document of surrender of my DEA license.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_.

Notary Public

My commission expires: \_\_\_\_\_

Affix Notary Seal

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

License No.: \_\_\_\_\_

**LOUISIANA STATE BOARD OF MEDICAL EXAMINERS**

LSBME, P.O. Box 54403, New Orleans, LA 70154-4403

(504) 568-6820 (Auto Attendant) + 1

**APPLICATION FOR LICENSE/CERTIFICATE RENEWAL**

(Please allow 30 days for processing.)

TYPE OR BLOCK PRINT

Birth Month \_\_\_\_\_

Discipline \_\_\_\_\_

License Number \_\_\_\_\_

**INSTRUCTIONS:****FRONT: COMPLETE/CORRECT ONLY THAT INFORMATION WHICH IS NEW OR HAS CHANGED****BACK: YOU MUST ANSWER ALL QUESTIONS. THEN SIGN AND DATE AT BOTTOM.****RENEWAL IS REQUIRED BY LAW ON OR BEFORE THE DATE ABOVE.****FAILURE TO RENEW TIMELY MAY RESULT IN SUSPENSION FOR NON-RENEWAL. SEE SPECIAL INSTRUCTIONS FOR FORMS AND FEES.**NAME AND ADDRESS BELOW: MAILING *AND* PUBLIC ADDRESS.

MAKE ALL NECESSARY CHANGES HERE.

**Must provide at least 1 physical address.****BUSINESS ADDRESS**

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP + 4 \_\_\_\_\_ PARISH \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_ EXT \_\_\_\_\_

**HOME ADDRESS**

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP + 4 \_\_\_\_\_ PARISH \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_ EXT \_\_\_\_\_

FAX (\_\_\_\_\_) \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

**See code descriptions for next three items**

SPECIALTY (1) (2) (3) (4)

AMERICAN SPECIALTY  
BOARD CERTIFICATION (1) (2) (3) (4)DARKEN THE APPLICABLE CIRCLE: ☐ SOLO, ☐ GROUP, ☐ INSTITUTIONAL, ☐ MILITARY, ☐ RESIDENT TRAINING, ☐ PARTNERSHIP,  
☐ CORPORATION, ☐ OTHER \_\_\_\_\_ **If partnership, corporation or institutional, provide name of legal entity.**U.S. CITIZEN ☐ yes ☐ no VISA NATURALIZATION CERTIFICATE NO. \_\_\_\_\_ DATE \_\_\_\_\_

MILITARY: BRANCH \_\_\_\_\_ DATES from \_\_\_\_\_ to \_\_\_\_\_ DISCHARGE TYPE \_\_\_\_\_

POSTGRADUATE TRAINING (Name of hospital program, location, specialty, and inclusive dates):  
\_\_\_\_\_  
\_\_\_\_\_PROFESSIONAL PRACTICE (City, State, and Country, if outside of U.S., and inclusive dates):  
\_\_\_\_\_  
\_\_\_\_\_OTHER STATES IN WHICH LICENSED (State, number, and date):  
\_\_\_\_\_  
\_\_\_\_\_HOSPITAL AFFILIATION:  
\_\_\_\_\_  
\_\_\_\_\_

Every physician seeking the renewal or reinstatement of licensure, on or after January 1, 2002, is required to obtain annually 20 hours of Category 1 credit unless exempted. Physicians falling within any of the following categories are exempt from the 20 hour Category 1 requirement (§447). My signature certifies my understanding that unless exempted by one of the below exemptions I am required to obtain 20 hours of Category 1 credit annually as a prerequisite to the continued renewal of my license to practice medicine in Louisiana.

- Initially licensed less than 1 year on the basis of examination;
- Engaged in military service longer than one year's duration outside of Louisiana;
- Certified or recertified within the past year by a member board of the American Board of Medical Specialties;
- Currently in a residency training or fellowship approved by the Board;
- Retired physician in accordance with §418 of the rules.

IF PHYSICIAN'S ASSISTANT, OCCUPATIONAL THERAPY ASSISTANT, MIDWIFE APPRENTICE, ACUPUNCTURIST ASSISTANT, OR PRIVATE RADIOLOGICAL TECHNOLOGIST, HAVE YOUR SUPERVISING PHYSICIAN/OCCUPATIONAL THERAPIST, MIDWIFE, ACUPUNCTURIST, OR PHYSICIAN COMPLETE THE FOLLOWING:

DATE \_\_\_\_\_ LICENSE NO. \_\_\_\_\_ SUPERVISOR'S  
SIGNATURE \_\_\_\_\_**OVER (REVERSE SIDE MUST BE COMPLETED)**

(Rev061002)

**ANSWER THE FOLLOWING QUESTIONS (YES ANSWERS MUST BE EXPLAINED IN A SWORN AFFIDAVIT EXCEPT #'s 15, 16 & 17)**

## SINCE YOUR LAST RENEWAL...

DARKEN ENTIRE

CIRCLE

YES

NO

- |  |   |   |
|--|---|---|
| 1. Have you had any physical injury or disease or mental illness or impairment which could reasonably be expected to affect your ability to practice medicine or other health profession? _____  | O | O |
| 2. Were you charged with, convicted of, or did you plead guilty to or nolo contendere to, violation of any municipal, county/parish, state or federal statute? _____   | O | O |
| 3. Were you denied membership in a state, county or local professional society revoked? _____  | O | O |
| 4. Was your membership in a state, county or local professional society? _____   | O | O |
| 5. Were you denied hospital, or other institutional, staff privileges, or admitting privileges (other than for failure to complete medical records)? _____   | O | O |
| 6. Did you voluntarily relinquish staff membership or clinical privileges in a hospital or other institution?<br>_____   | O | O |
| 7. Were you the subject of disciplinary action or inquiry by a hospital or medical staff? _____  | O | O |
| 8. Were any malpractice claims settled or adjudicated against you? _____   | O | O |
| 9. Did you voluntarily surrender, or did you have suspended, revoked or restricted, your narcotics controlled substance permit (state or federal)? _____   | O | O |
| 10. Was your application for professional examination or licensure rejected or denied? _____   | O | O |
| 11. Did you voluntarily surrender any professional license? _____  | O | O |
| 12. Was any action taken against you by any licensing authority? _____   | O | O |
| 13. Did you agree with any licensing authority not to seek re-licensure in that licensing jurisdiction? _____  | O | O |
| 14. Were you the subject of any type of disciplinary action or inquiry by any licensing authority, institution, society, etc.? _____   | O | O |
| 15. Did you have a Federal or state controlled substance permit? If yes, indicate your<br>Federal number _____ your state number _____ and the state _____   | O | O |
| 16. Is this your correct social security number _____?<br>If not, enter correct social security number _____.  | O | O |
| 17. NOTE: It is your responsibility to keep the Board informed of your current mailing address – failure to do so may result in late, lost, or misdirected mail for which the Board cannot be held responsible. Have you provided the correct mailing address? _____ | O | O |

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I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, ALL STATEMENTS I HAVE MADE IN THIS APPLICATION FOR RENEWAL ARE TRUE AND CORRECT.

PERSONAL SIGNATURE REQUIRED (SIGNATURE STAMP NOT ACCEPTED) \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

**FAILURE TO RENEW WITHIN 30 DAYS OF DATE DUE MAY RESULT IN SUSPENSION AT THE FIRST BOARD MEETING IMMEDIATELY THEREAFTER.**

## About Continuing Medical Education (CME)

Acts 1999, No. 661 of Regular Session of the Louisiana Legislature, amended the Louisiana Medical Practice Act, La. Rev. §§37:1261-92 and authorized the Board to require continuing education as a condition to the renewal and/or reinstatement of any license or permit issued by the Board. See the LSBME continuing medical education ("CME") rules which have been adopted by the Board. Pursuant to such rules, commencing on January 1, 2002, and annually thereafter, physicians must document that in the preceding calendar year they have obtained twenty (20) hours of Board approved CME as a prerequisite to renewal or reinstatement of licensure. All physicians, regardless of birthmonth renewal, must have obtained 20 hours of Category 1 CME January - December in the year prior to renewal (i.e. all 2003 renewals will have CME obtained in 2002). The rules specify those categories of CME which are acceptable, the method for annual documentation, identify a minimum percentage of applicants to be audited annually, provide a period of ninety days to submit evidence of compliance once an audit notice is received and exempt altogether certain categories of applicants.

As part of such CME requirement, the rules provide that physicians seeking to renew their license for the FIRST time in 2002 and thereafter must have attended a Board sponsored seminar, which will be utilized to acquaint new licensees with such matters as the Louisiana Medical Practice Act, the function of the Board and its rules, opportunities available in rural and professional health shortage areas, *etc.* Physicians who at the time of the initial renewal of medical licensure who are residing and practicing in another state are exempt from attending the Board Orientation. However, in the event that the physician should return to Louisiana for the purpose of residing or practicing medicine, he must satisfy this requirement prior to the next renewal. The dates for 2004 are: February 6 – Baton Rouge; May 14 – New Orleans; August 26 – Shreveport; November 5 – New Orleans. Visit the LSBME website, [www.lsbme.org](http://www.lsbme.org), for the Board Orientation registration form. All registrations must be submitted at least two weeks prior to the scheduled date.

(111303)

RETURN IN THE SAME ENVELOPE WITH ANNUAL RENEWAL APPLICATION FEE

**LOUISIANA STATE BOARD OF MEDICAL EXAMINERS**

Applications with money are forwarded to LSBME, P.O. Box 54403, New Orleans, LA 70154-4403

Telephone: (504) 568-6820 Extension 260

**ATTENTION: PHYSICIANS WHO EMPLOY PRIVATE RADIOLOGICAL TECHNOLOGISTS**

LAC 46 XLV Subpart 2, Chapter 29, Subchapter B, Sec. 2917 of the Louisiana State Board of Medical Examiners' rules governing the certification of Private Radiological Technologists requires that each physician who employs any person to perform diagnostic or therapeutic radiological examinations or treatments or both in his private office or in the clinic in which that physician practices shall report to the Board annually as a condition of issuance or renewal of that physician's licensure to practice medicine in the state of Louisiana the following information for each person so employed. This form may be copied.

**PRIVATE RADIOLOGICAL TECHNOLOGIST**

Employee Name: \_\_\_\_\_ State License Number: \_\_\_\_\_

Certification Number\*: \_\_\_\_\_

ADDRESS AT WHICH DIAGNOSTIC OR THERAPEUTIC RADIOLOGICAL EXAMINATIONS OR TREATMENTS OR BOTH ARE PERFORMED:

\_\_\_\_\_  
\_\_\_\_\_

Initial Date of Employment as a Private Radiological Technologist: \_\_\_\_\_

Exemption(s) Claimed:

1. \_\_\_\_\_ a. Physician licensed by the board to practice medicine in the State of Louisiana; or  
\_\_\_\_\_ b. Person licensed by the Radiologic Technology Board of Examiners.
2. \_\_\_\_\_ Person who performs the functions of a private radiologic technologist, but has been employed by the supervising physicians for less than six months shall be exempt from the requirements of Chapter 29 only for the first six months of such employment. NOTE: This temporary exemption shall not apply to anyone who has been employed previously as a private radiologic technologist or who has otherwise performed any radiological examination or treatment in the course of any previous employment.

**CERTIFICATION BY PHYSICIAN**

I hereby certify that this individual is proficient in, and is competent to perform the functions of a private radiologic technologist.

Date \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

License No.: \_\_\_\_\_

\*Only those individuals who have applied for certification have a certification number.

Note: Those individuals who are licensed by the Radiologic Technology Board of Examiners are exempt from the requirement of obtaining certification from the Louisiana Board of Medical Examiners.

(Rev 08/00)

## LSBME Renewal Fees<sup>1</sup>

<b>Medicine &amp; Surgery/DO/INST due on or before the last day of licensee's birth month.</b>		
MD/DO/INST	Scheduled Renewal Fee \$332.00	After Last Day of Your Birth Month \$632.00
IF REDUCED FEE <sup>2</sup>	Scheduled Renewal Fee \$150.00	If After Last Day of Your Birth Month \$300.00

<b>Acupuncturists Due Date December 31.</b>	
ACU	Scheduled Renewal Fee \$100.00

(050104)

<sup>1</sup> Fees are not prorated (i.e. License received mid-year fee payable in full, next annual renewal payable in full)

<sup>2</sup> See Application for Reduction in Renewal Fee for Physicians. LAC 46:XLV, Subpart 2, Chapter 3, Subchapter I, §418.  
(Rev. 040202)

Office of Public Health

**IMPORTANT NOTICE:**  
**Disease Reporting in Louisiana**

September 2003

Dear Colleague:

We would like to remind you about the importance of reporting communicable diseases. In light of recent events, the importance of enhancing surveillance for infectious disease and illnesses compatible with biological/chemical events cannot be overstated. The list of reportable diseases and conditions is currently being amended to include selected biological agents that might be used in a terrorist event (see attached). In Louisiana, disease surveillance rests on reporting to the *Office of Public Health (OPH)*. All health care providers, including physicians, hospitals, and laboratories are required by law to report. The confidentiality of reports is protected by state law. The reports are used in several ways:

- The surveillance data are used by *OPH* and various other health care providers for health planning, policy making, and research.
- Individual case reports of certain diseases – such as tuberculosis and syphilis – receive follow-up by *OPH* to ensure that patients receive appropriate medical treatment and that their contacts receive appropriate preventive therapy.
- Reports of some infectious diseases such as measles, salmonellosis, and vibrio infections can lead to identification of disease outbreaks that can then be controlled.
- Reports also can be used to identify groups at high risk, prompting intervention efforts targeted at those groups.
- Summaries of surveillance data are presented in our bimonthly newsletter, The Louisiana Morbidity Report, and in our Annual Summary Report.
- Rapid notification of potential bioterrorist events.

For easier reporting, we have installed a toll-free number for reporting diseases (1 800-256-2748). You can report by mailing a green EPI-2430 card or by facsimile transmission (504-568-5006) or <https://ophrdd.dhh.state.la.us>. All facsimile transmissions are considered as part of the confidential disease case report, and as such, are not subject to disclosure. A website for OPH has been developed which includes the Louisiana Morbidity Report and 1998 Annual Summary ([www.oph.dhh.state.la.us/infectiousdisease/index.html](http://www.oph.dhh.state.la.us/infectiousdisease/index.html).)

Thank you for your interest in the health of Louisiana's citizens.

Sincerely,



Raoult Ratard, M.D., M.P.H., & T.M., M.S.  
State Epidemiologist

Sanitary Code  
State of Louisiana  
Chapter II  
The Control of Disease

2:003 The following diseases/conditions are hereby declared reportable with reporting requirements by Class:

**Class A Diseases/Conditions - Reporting Required Within 24 Hours**

Diseases of major public health concern because of the severity of disease and potential for epidemic spread-report by telephone immediately upon recognition that a case, a suspected case, or a positive laboratory result is known; [in addition, all cases of rare or exotic communicable diseases, unexplained death, unusual cluster of disease and all outbreaks shall be reported.]

<b>Anthrax</b>	<b>Neisseria meningitidis (invasive disease)</b>	<b>Smallpox</b>
<b>Botulism</b>	<b>Plague</b>	<b>Staphylococcus Aureus,</b>
<b>Brucellosis</b>	<b>Poliomyelitis, paralytic</b>	<b>Vancomycin Resistant</b>
<b>Cholera</b>	<b>Q Fever</b>	<b>Tularemia</b>
<b>Diphtheria</b>	<b>Rabies (animal &amp; man)</b>	<b>Viral Hemorrhagic Fever</b>
<b>Haemophilus influenzae (invasive disease)</b>	<b>Rubella (German measles)</b>	<b>Yellow Fever</b>
<b>Measles (rubeola)</b>	<b>Rubella (congenital syndrome)</b>	

**Class B Diseases/Conditions - Reporting Required Within 1 Business Day**

Diseases of public health concern needing timely response because of potential of epidemic spread-report by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known.

<b>Aseptic meningitis</b>	<b>Hepatitis B (carriage)</b>	<b>Salmonellosis</b>
<b>Chancroid<sup>1</sup></b>	<b>Hepatitis B (perinatal infection)</b>	<b>Shigellosis</b>
<b>E. Coli 0157:H7</b>	<b>Hepatitis E</b>	<b>Syphilis<sup>1</sup></b>
<b>E. Coli Enterohemorrhagic (other)</b>	<b>Herpes (neonatal)</b>	<b>Tetanus</b>
<b>Encephalitis, Arthropod borne</b>	<b>Legionellosis (acute disease)</b>	<b>Tuberculosis<sup>2</sup></b>
<b>Hantavirus Pulmonary Syndrome</b>	<b>Malaria</b>	<b>Typhoid Fever</b>
<b>Hemolytic-Uremic Syndrome</b>	<b>Mumps</b>	
<b>Hepatitis A (acute disease)</b>	<b>Pertussis</b>	

**Class C Diseases/Conditions - Reporting Required Within 5 Business Days**

Diseases of significant public health concern-report by the end of the workweek after the existence of a case, suspected case, or a positive laboratory result is known.

<b>Acquired Immune Deficiency Syndrome (AIDS)</b>	<b>Hepatitis C (acute and infection)</b>	<b>Streptococcal Toxic Shock Syndrome</b>
<b>Blastomycosis</b>	<b>Human Immunodeficiency Virus (HIV infection)</b>	<b>Streptococcus Pneumoniae [invasive infection, penicillin resistant (DRSP)]</b>
<b>Campylobacteriosis</b>	<b>Listeria</b>	
<b>Chlamydial infection<sup>1</sup></b>	<b>Lyme Disease</b>	
<b>Coccidioidomycosis</b>	<b>Lymphogranuloma Venereum<sup>1</sup></b>	<b>Streptococcus Pneumoniae (invasive infection in children &lt; 5 years of age)</b>
<b>Cryptosporidiosis</b>	<b>Psittacosis</b>	<b>Trichinosis</b>
<b>Cyclosporiasis</b>	<b>Rocky Mountain Spotted Fever (RMSF)</b>	<b>Varicella (chickenpox)</b>
<b>Dengue</b>	<b>Staphylococcus Aureus, Methicillin/Oxacillin Resistant (MRSA) (invasive disease)</b>	<b>Vibrio Infections (other than cholera)</b>
<b>Ehrlichiosis</b>	<b>Staphylococcal Toxic Shock Syndrome</b>	<b>West Nile Fever</b>
<b>Enterococcus, Vancomycin Resistant (VRE) (invasive disease)</b>	<b>Streptococcal disease, Group A (invasive disease)</b>	<b>West Nile Infection (past or present)</b>
<b>Giardia</b>	<b>Streptococcal disease, Group B (invasive disease)</b>	
<b>Gonorrhea<sup>1</sup></b>		
<b>Hansen's Disease (leprosy)</b>		
<b>Hepatitis B (acute)</b>		

**Other Reportable Conditions**

<b>Cancer</b>	<b>Phenylketonuria*</b>	<b>Spinal Cord Injury**</b>
<b>Complications of Abortion</b>	<b>Reye's Syndrome</b>	<b>Sudden Infant Death Syndrome (SIDS)</b>
<b>Congenital Hypothyroidism*</b>	<b>Severe Traumatic Head Injury**</b>	
<b>Galactosemia*</b>	<b>Severe Undernutrition (severe anemia, failure to thrive)</b>	
<b>Hemophilia*</b>	<b>Sickle Cell Disease (newborns)*</b>	
<b>Lead Poisoning</b>		

Case reports not requiring special reporting instructions (see below) can be reported by Confidential Disease Case Report forms (2430), facsimile, phone reports, web base at <https://ophrdd.dhh.state.la.us..>

<sup>1</sup>Report on STD-43 form. Report cases of syphilis with active lesions by telephone.

<sup>2</sup>Report on CDC72.5 (f.5.2431) card.

\*Report to the Louisiana Genetic Diseases Program Office by telephone (504) 568-5070 or FAX (504) 568-7722.

\*\*Report on DDP-3 form; preliminary phone report from ER encouraged (504) 568-2509. Information contained in reports required under this section shall remain confidential in accordance with the law.